

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">10040915</div>	FILING DATE <div style="font-size: 1.2em; font-family: monospace;">01-05-62.</div>					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5	↓		↓		↓	TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	19	↓		↓		↓	TOTAL DEP.	24	↓		↓		↓
TOTAL CLAIMS	24						TOTAL CLAIMS	29					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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